

Oregon Liquor Control Commission
PO Box 22297, Milwaukie, OR 97269 1-800-452-6522
License Renewal Application

Your Due Date For Renewal is September 10, 2018.

<i>License Type:</i> OFF-PREMISES SALES	<i>District:</i> 4	<i>License:</i> 260736	<i>Premises:</i> 6478	<i>Code:</i> 227
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ELGIN CORNER MARKET LLC
67310 SHAW CREEK RD
ELGIN, OR 97827

Licensee(s)

ELGIN CORNER MARKET LLC

Tradenname

ELGIN CORNER MARKET
93 S 8TH AVE
ELGIN OR 97827

Operational Questions:

(1) List contact information for the business.	Phone Number: <u>541 437-2491</u>										
	Email: <u>fred.mclaughlin@hotmail.com</u>										
(2) List all <u>arrests or convictions</u> for any crime, violation, or infraction of any law during the last 18 months even if they are <u>not liquor related</u> for any owner of the business. Attach additional sheet of paper to back of form if needed.	<table><thead><tr><th>Name</th><th>Offense</th><th>Date</th><th>City/State</th><th>Result</th></tr></thead><tbody><tr><td colspan="5" style="text-align: center;">N/A</td></tr></tbody></table>	Name	Offense	Date	City/State	Result	N/A				
Name	Offense	Date	City/State	Result							
N/A											
(3) Were there any changes of ownership (i.e.: add/drop partners, change to corporations, etc.) not reported to the OLCC in the last year?	☒ NO ☐ YES & EXPLAIN:										
(4) Did you make any significant changes in operation during the past year that you have not reported to the OLCC, such as changes in menu, hours of operation, or remodeling?	☒ NO ☐ YES & EXPLAIN:										
(5) Will you be holding beer or wine tastings at your location, other than those conducted by a manufacturer?	☒ NO ☐ YES										

IMPORTANT: Failure to fully disclose any information requested, or providing false or misleading information on this form is grounds to refuse to renew the license. YOUR LICENSE EXPIRES ON 09/30/2018. If you do not renew before this date, you must stop selling or serving alcohol immediately. NO EXCEPTIONS! Selling or serving alcohol with an expired license is a crime.

Licensee(s): ELGIN CORNER MARKET LLC

License: 260736

Premises: 6478

Payment #1 to OLCC: <i>Make check or money order payable to OLCC. Do not mail cash. Send your application and payment to OLCC License Renewals; PO Box 22297; Milwaukie, OR 97269.</i>	Dollar Amount (\$)
If completed renewal application is postmarked by 09/10/2018 pay this amount.	\$100.00
If completed renewal application is postmarked after 09/10/2018 but on or before 09/30/2018 pay this amount.	\$125.00
If completed renewal application is postmarked after 09/30/2018 pay this amount.	\$140.00

Payment #2 to Local Government: <i>Make check or money order payable to City/County listed below if a fee is required. Do not mail cash.</i>	
Local government City of Elgin located at PO Box 128; Elgin, OR 97827 requires a \$10.00 processing fee. Send a copy of your completed application <u>with</u> this fee. Have you paid this processing fee? We will not process your application until this has been paid.	☒ YES

MANDATORY DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER

Federal and State laws require you to provide your Social Security Number to the Oregon Liquor Control Commission (OLCC) on the license renewal application. The OLCC will refuse a renewal if an applicant signing the renewal fails to provide his/her Social Security Number. The Social Security Number will be used only for Child Support Enforcement purposes, unless you authorize the use of your Social Security Number for the additional administrative purposes listed below (42 USC § 666(a)(13) & ORS 25.785).

SOCIAL SECURITY NUMBER AUTHORIZATION

The OLCC also asks for your authorization to use your Social Security Number(s) for additional administrative purposes, to make our application process more efficient and accurate. We use your Social Security Number to:

1. Help us keep accurate records about your identity because applicants often have the same last name and birth date.
2. Ensure your identity when we run a criminal background check through law enforcement agencies.
3. Match your license application to your Alcohol Server Education class and test score (applies only to applicants who are required by law to take and pass an alcohol server education program.)

Our authority to request this use is ORS 471.311 and OAR 845-005-0312(6). Please check the box next to your signature to authorize our use of your Social Security Number for the additional administrative purposes listed above. You will not be denied a right, benefit or privilege if you do not authorize the OLCC to use your Social Security Number for these additional administrative purposes (5 US § C 552(a)).

Signature Section: <i>Who must sign -- One member of an LLC. One officer of a corporation. One partner in a limited partnership. Each person if licensed as individuals.</i>						
Print Name	Social Security Number	Date of Birth	Sex M/F	Today's date	Signature	SSN Authorization
Brad McLaughlin	542-19-7438	12/04/80	M	8-1-18	Brad McLaughlin	☐ NO ☒ YES
						☐ NO ☐ YES
						☐ NO ☐ YES
						☐ NO ☐ YES
						☐ NO ☐ YES

